

ISSUE SLIP STAFF (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		6/12/99
O.I.P.E. CLASSIFIER		10	6/18/99
FORMALITY REVIEW	RF	70556	6-24-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	N
2	N
3	N
4	N
5	N
6	N
7	N
8	N
9	N
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11	N
12	N
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33	N
34	N
35	N
36	N
37	N
38	N
39	N
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43	N
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45	N
46	N
47	N
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50	N

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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